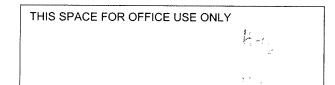


## **HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org



'07 JAN 16 A11:40

STATE OF HAWAII STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

DARTI LORDVICT	(Type of Fill			
PART I LOBBYIST				
NAME (Last)	(First)	(Middle)	TELEPHONE	
Hirano	Amy	C.	808-536-5688	
MAILING ADDRESS (Street)			FAX	
84 N. King Street			808-536-5720	
(City)	(State)	(Zip Code)		
Honolulu,	HI	96817		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
Pacific Management Consultants, Inc.			808-536-5688	
MAILING ADDRESS (Street)			FAX	
84 N. King Street			808-536-5720	
(City)	(State)		(Zip Code)	
Honolulu,	HI		96817	

PART II ORGANIZATIO	N		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
Bishop Museum	808-847-3511		
MAILING ADDRESS (Street)	FAX		
1525 Bernice Street	808-841-8968		
(City)	(State)	(Zip Code)	
Honolulu,	HI	96817-2704	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Jennifer M.L. Chock Woo	808-847-8269		
MAILING ADDRESS (Street)	FAX		
1525 Bernice Street		808-841-8968	
(City)	(State)	(Zip Code)	
Honolulu,	HI	96817-2704	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LORBY						
Control of the William Too Expect To Lobby						
Agriculture	☐ Education	☐ Human Services	Science, Technology & Economic Development			
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	✓ Tourism & Recreation			
Consumer Protection & Commerce	Hawaiian Affairs	☐ Labor & Employment	☐ Transportation			
Culture, Arts, Historic Preservation	☐ Health	<ul><li>Planning, Land &amp; Water</li><li>Use Management</li></ul>	Other: (indicate below)			
Ecology, Energy Environmental Protection	☐ Housing	☐ Public Safety & Corrections				
PART IV CERTIFICATION	ON OF LOBBYIST					
I hereby certify that th	I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
_ Cency Grano						
(Signature of Lobbyist)			(Date)			
	ION TO LOBBY					
NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESEN						
		TITLE OF AUTHORIZING OFFICER	OR PERSON REPRESENTED			
Jennifer ML Chock Woo		Vice President of Governm				
Jennifer ML Chock Woo						
			ental Affairs			
NAME OF ORGANIZATION (if a			TELEPHONE  847-8269			
NAME OF ORGANIZATION (if a			ental Affairs TELEPHONE			
NAME OF ORGANIZATION (if a Bishop Museum MAILING ADDRESS (Street)		Vice President of Governm	ental Affairs  TELEPHONE  &47-8269  FAX  &41-8968			
NAME OF ORGANIZATION (if a Bishop Museum MAILING ADDRESS (Street) 1525 Bernice Street	applicable)	Vice President of Governm	TELEPHONE  &47-8269  FAX			
NAME OF ORGANIZATION (if a Bishop Museum MAILING ADDRESS (Street) 1525 Bernice Street (City) Honolulu,	applicable) (State)	Vice President of Governm	rental Affairs  TELEPHONE  847-8269  FAX  841-8968  Zip Code)  6817-2704			
NAME OF ORGANIZATION (if a Bishop Museum MAILING ADDRESS (Street) 1525 Bernice Street (City) Honolulu,	applicable) (State)	Vice President of Governm (2 9 gage in lobbying activities on be	rental Affairs  TELEPHONE  847-8269  FAX  841-8968  Zip Code)  6817-2704			